

# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

Cheryl Berkner for Register of Deeds

Street Address

517 12th Ave

City, State and Zip Code

Green Bay WI 54303

OFFICE USE ONLY

Received  
JUL - 2 2020  
Santa L. Jupp - Brown County Clerk

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☐ January Continuing

☐ Pre-Primary

☐ Spring

☒ Fall

☐ Special

☐ Termination Report  
also complete Schedule 4

☒ July Continuing 2020

☐ September Continuing

☒ Pre-Election

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ 315.23	\$ 315.23
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 315.23	\$ 315.23

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 837.66
Total Receipts	\$ 0
Subtotal	\$ 837.66
Total Disbursements	\$ 315.23
<b>CASH BALANCE END OF REPORT</b>	\$ 522.43
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <b>Cheryl Berkner</b>	Signature of Candidate or Treasurer <i>Cheryl Berkner</i>	Date: <b>7-1-20</b>	Daytime Phone: <b>920-471-9110</b>
Email: <b>cherylberkner@gmail.com</b>			

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 2 of 2

Complete Committee Name

Cheryl Berken for Register of Deeds

Instructions for completing schedules are on the back of each schedule.



Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/16/20	US Postal Service 118 N. MONROE GREEN BAY WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	STAMPS for MAILINGS	\$165.00
4/16/20	Digicopy 211 E WALNUT ST GREEN BAY WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	NOMINATION FORMS / printing Letter Address Labels	\$50.23
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 315.23

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 315.23

\*\*\*End of Report\*\*\*



Received  
JUL 14 2020  
Sandra L. Juno - Brown County Clerk

<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____ <input type="checkbox"/> Continuing Report due Jan. 15, _____	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____ <input checked="" type="checkbox"/> Continuing Report due July 15, <u>2020</u>	
<input type="checkbox"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____	
Name of Candidate or Committee (in full) <u>PERNOT FOR BROWN COUNTY EXECUTIVE</u>	
Address <u>1044 WRIGHTSTOWN RD DE PERE WI 54115</u>	
Daytime Phone <u>920-240-5724</u>	

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>7/14/2020</u>	Email Address <u>BERNIE_MARL@YAHOO.COM</u>
---------------------------------------------------------------------	--------------------------	-----------------------------------------------

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee **Friends of Megan Borchardt**

Street Address **1146 9th Street**

City, State and Zip Code **Green Bay, WI 54304**



**OFFICE USE ONLY**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing \_\_\_\_\_ ☐ Pre-Primary \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special ☐ Termination Report  
☒ July Continuing 2020 ☐ Pre-Election \_\_\_\_\_ also complete Schedule 4  
☐ September Continuing \_\_\_\_\_

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 1285.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 1285.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 0	\$ 473.33
2B. Contributions to Committees (Transfers-Out)	\$ 500.00	\$ 500.00
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 500.00	\$ 973.33

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 854.15
Total Receipts	\$ 0
Subtotal	\$ 854.15
Total Disbursements	\$ 500.00
<b>CASH BALANCE END OF REPORT</b>	\$ 354.15
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer <b>Elizabeth Hudak</b>	Signature of Candidate or Treasurer _____ Date: <b>7/14/2020</b> Email <b>megan.borchardt@brown.wi.us</b> Daytime Phone: <b>920-393-8842</b>
------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 2-B****DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**Page 1 of 1

Complete Committee Name

Friends of Megan Borchardt

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
04/24/2020	Friends of Kathy Hinkfuss, 525 Antelope Trail, GB, WI 54313  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200.00	200.00
04/24/2020	Staush for Assembly, 1715 Deckner Ave, GB, WI 54302  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200.00	200.00
04/24/2020	Amanda Stuck for Congress, Box 2443, Appleton, WI 54912  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	100.00	100.00
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 500.00	500.00
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 500.00	500.00

**\*\*\*End of Report\*\*\***





**Campaign Finance Report**  
Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special Pre-Primary \_\_\_\_\_ ☐ Continuing Report due Jan. 15, \_\_\_\_\_

☐ Spring ☐ Fall ☐ Special Pre-Election \_\_\_\_\_ ☐ Continuing Report due July 15, \_\_\_\_\_

☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Bueldy for County Board Supervisor

Name of Candidate or Committee (in full)

3249 West Point Green Bay

Address

920 965-6501

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

[Signature]

7-15-20

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***

<b>CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN</b>		<div style="color: red; font-size: 1.2em; font-weight: bold;">Received</div> <div style="color: red; font-size: 0.8em;">JUL 15 2020</div> <div style="color: red; font-size: 0.7em; transform: rotate(-45deg);">Sandra L. Juro - Brown County Clerk</div> <div style="color: black; font-weight: bold; margin-top: 10px;">OFFICE USE ONLY</div>
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Instructions for completing schedules are on the back of each schedule.		
<b>COMMITTEE IDENTIFICATION</b>		
Name of Committee <div style="font-size: 1.1em; font-family: cursive;">Friends of Chu for Supervisor</div>		
Street Address <div style="font-size: 1.1em; font-family: cursive;">1633 E. Mason ST.</div>		
City, State and Zip Code <div style="font-size: 1.1em; font-family: cursive;">Green Bay, WI 54302</div>		

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

<b>NAME OF REPORT</b>					
<input type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	<input type="checkbox"/> Termination Report also complete Schedule 4
<input checked="" type="checkbox"/> July Continuing <u>20</u>	<input type="checkbox"/> Pre-Election _____				
<input type="checkbox"/> September Continuing _____					

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 400. <sup>00</sup>	\$ 2,664. <sup>69</sup>
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 400. <sup>00</sup>	\$ 2,664. <sup>69</sup>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 152. <sup>12</sup>	\$ 2,017. <sup>19</sup>
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 152. <sup>12</sup>	\$ 2,017. <sup>19</sup>

<b>CASH SUMMARY</b>	
Cash Balance Beginning of Report	\$ 399. <sup>62</sup>
Total Receipts	\$ 400. <sup>00</sup>
Subtotal	\$ 799. <sup>62</sup>
Total Disbursements	\$ 152. <sup>12</sup>
<b>CASH BALANCE END OF REPORT</b>	\$ 647. <sup>50</sup>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <div style="font-size: 1.2em; font-family: cursive;">Jim Hutchison</div>	Signature of Candidate or Treasurer <div style="font-size: 1.2em; font-family: cursive;">Jim Hutchison</div>	Date: <u>7-14-20</u>	Daytime Phone: <u>920 819 8015</u>
Email: <u>Jim.hutchis@gmail.com</u>			

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 1 of 2

Complete Committee Name  
**Friends of Chu for Supervisor**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3-27-20	Patrick O'Hearn 4293 Nicolet Dr. Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50. <sup>00</sup>	50. <sup>00</sup>
3-27-20	Brian Weck 1024 Roosevelt St. Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40. <sup>00</sup>	40. <sup>00</sup>
3-27-20	Jeff Benson 3672 Hallas Creek Rd Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40. <sup>00</sup>	40. <sup>00</sup>
3-27-20	Darryl Johnson 240 Lazzarre Ave. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40. <sup>00</sup>	40. <sup>00</sup>
3-27-20	Andy Krans 941 Lawton Pl. De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100. <sup>00</sup>	100. <sup>00</sup>
3-27-20	Sam Vainisi 50 Bed Warehouse PO Box 10705 Green Bay, WI 54307 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40. <sup>00</sup>	40. <sup>00</sup>
3-27-20	Don Kraft 822 S. Clay St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		40. <sup>00</sup>	40. <sup>00</sup>
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 350. <sup>00</sup>	350. <sup>00</sup>
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	



4

**SCHEDULE 1-A**

**RECEIPTS**  
Contributions (Including Loans) From Individuals

Page 2 of 2

Complete Committee Name  
Friends of Chu for Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3-27-20	Debra Hutcheson 1140 Livingston St Green Bay, WI 54311		50. <sup>00</sup>	85. <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

TOTAL ITEMIZED CONTRIBUTIONS

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$	50. <sup>00</sup>	85. <sup>00</sup>
\$	460. <sup>00</sup>	
\$		

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**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Page 1 of 1

Complete Committee Name  
Friend of Chu for Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
04-01-20 Thru 09-14-20	Face Book (Scharges)	Fees for FaceBook account activities	137.12
4-15-20 Thru 6-17-20	North Shore Bank 1901 Main ST Green Bay, WI 54302	Bank Fees	15.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 152.12

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 2,017.19

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Norbert Dantinne

Street Address

541 School Rd

City, State and Zip Code

Luxemburg WI 54217



OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

- ☐ January Continuing \_\_\_\_\_ ☐ Pre-Primary \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special  
☒ July Continuing 2020 ☐ Pre-Election \_\_\_\_\_ ☒ Termination Report  
☐ September Continuing \_\_\_\_\_ also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 110. <sup>00</sup>	\$ 2249.45
1B. Contributions from Committees (Transfers-In)	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ -	\$ -
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 110.00	\$ 2249.45

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 110.00	\$ 2249.45
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 110.00	\$ 2249.45

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 110.00
Subtotal	\$ 110.00
Total Disbursements	\$ -110.00
<b>CASH BALANCE END OF REPORT</b>	\$ 0
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <b>Norbert Dantinne</b>	Signature of Candidate or Treasurer <i>Norbert Dantinne</i>	Date: 9/20/2020
	Email <i>nadantinne@yahoo.com</i>	Daytime Phone: <i>920-371-7040</i>

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.



**SCHEDULE 1-A**

## RECEIPTS

### Contributions (Including Loans) From Individuals

Page 2 of 4

Complete Committee Name

Complete Committee Name  
Norbert Danfione

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Norbert Dantine 541 School Rd Luxemburg WI 54217 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Project manager	\$110.00	110.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 110.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 110.00	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	

**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Page 3 of 4

Complete Committee Name

Norbert Dantine

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/27	Facebook menlo Park CA Check if: <input type="checkbox"/> In-Kind Offset	Advertising on Facebook	\$25.00
3/31	Facebook menlo Park CA Check if: <input type="checkbox"/> In-Kind Offset	Advertising on Facebook	\$25.00
4/3	Facebook menlo Park CA Check if: <input type="checkbox"/> In-Kind Offset	Advertising on Facebook	\$25.00
4/21	Facebook menlo Park CA Check if: <input type="checkbox"/> In-Kind Offset	Advertising on Facebook	\$34.94
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 110.00

TOTAL ITEMIZED EXPENDITURES

 \$ 110.00

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

 \$ 110.00

**SCHEDULE 4****TERMINATION REQUEST**4 of 4  
ReceivedJUL -7 2020  
Sandra J. Juro - Brown County Clerk

Complete Committee Name

Norbert Dantine

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

**DISPOSAL OF RESIDUAL FUNDS****THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.**

Date	Recipient	Amount
7-7-20	Norbert Dantine	\$ 110.00

**LOAN OR DEBT FORGIVENESS*****I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.***

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Norbert Dantine

Signature of Candidate or Treasurer

7-7-20

Date

**\*\*\*End of Report\*\*\***





<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, _____	
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Election _____ <input checked="" type="radio"/> Continuing Report due July 15, <u>2020</u>	
<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____	

Friends of Todd Delain  
Name of Candidate or Committee (in full)  
3838 Conard Road, New Franken, WI 54229  
Address  
(920) 265-3834  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>Todd Delain</u>	<u>7-1-20</u>	<u>friends of todd delain@gmail.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Patrick Evans*

Street Address

*1692 Nancy Ave.*

City, State and Zip Code

*Green Bay, WI 54303*

*Received*

*JUL 10 2020  
Sandra L. Juro - Brown County Clerk*

**OFFICE USE ONLY**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing \_\_\_\_\_  
☒ July Continuing *2020*  
☐ September Continuing \_\_\_\_\_

☐ Pre-Primary \_\_\_\_\_  
☐ Pre-Election \_\_\_\_\_

☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>0.00</i>	\$ <i>0.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>0.00</i>	\$ <i>0.00</i>
1C. Other Income and Commercial Loans	\$ <i>4.65</i>	\$ <i>39.23</i>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>4.65</i>	\$ <i>39.23</i>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>0.00</i>	\$ <i>5,000.00</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0.00</i>	\$ <i>0.00</i>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>0.00</i>	\$ <i>5,000.00</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>2,413.50</i>
Total Receipts	\$ <i>4.65</i>
Subtotal	\$ <i>2,418.15</i>
Total Disbursements	\$ <i>0.00</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>2,418.15</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0.00</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>30,000.00</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

*Patrick M. Evans*

Signature of Candidate or Treasurer

*Patrick M. Evans*  
Email *patrick.evans@att.net*

Date: *07/10/2020*

Daytime Phone: *920-494-5224*

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401 Wis. Stats.

Received  
JUL 10 2020  
Sandra L. Jupp - Brown County Clerk

**SCHEDULE 1-A**

**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

Page 1 of 1

Complete Committee Name Friends of Patrick Evans

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
07/10/2020	Edward Jones 3313 S. Packardland DePue, WI 54115	Interest on Campaign Account	4.65	39.23
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 4.65 39.23

TOTAL ITEMIZED CONTRIBUTIONS

\$ 4.65 39.23

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0.00 0.00

**\*\*\*End of Report\*\*\***





<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
-------------------------------------------------------	------------------

☐ Spring ☐ Fall ☐ Special    Pre-Primary \_\_\_\_\_    ☐ Continuing Report due Jan. 15, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special    Pre-Election \_\_\_\_\_    ☒ Continuing Report due July 15, 2020  
☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Friends of Casey Hicks

Name of Candidate or Committee (in full)

1332 Angels Path Apt. 28 De Pere, WI 54115

Address

262-365-7715

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Casey Hicks</u>	Date <u>6/30/2020</u>	Email Address <u>hicksforcountyboard@gmail.com</u>
---------------------------------------------------------------------	--------------------------	-------------------------------------------------------

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***

**Note:** Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Is this report an amendment?



### COMMITTEE IDENTIFICATION

Committee Name	Friends of Emily Jacobson		
Mailing Address	1553 Morrow St Green Bay, WI 54302		
Email	emilydistrict5@gmail.com	Daytime Phone	920-288-2602

### FILING PERIOD

July 2020	Report Year	2020
	no	

### SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date	Office Use Only
Beginning Cash On-Hand	\$ -		
<b>1. Money Received (Receipts)</b>			
1-A. Monetary Contributions from Individuals	\$ -	\$ 130.00	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -	\$ 258.72	
1-C. Other Income and Commercial Loans	\$ -	\$ 250.00	
<i>Total Monetary Receipts</i>	\$ -	\$ 638.72	
<b>2. Money Spent (Disbursements)</b>			
2-A. Gross Monetary Expenditures	\$ -		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ -	\$ 52.00	
Ending Cash On-Hand	\$ -	586.72	

### SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	#REF!		
3-B. Outstanding Loan Balance	\$ -	250	

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Emily Jacobson

Signature of the candidate or treasurer

Emily Jacobson

Print Name

7/15/2020

Date

**\*\*\*End of Report\*\*\***



<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
-------------------------------------------------------	------------------

☐ Spring ☐ Fall ☐ Special    Pre-Primary \_\_\_\_\_    ☐ Continuing Report due Jan. 15, \_\_\_\_\_  
☐ Spring ☒ Fall ☐ Special    Pre-Election \_\_\_\_\_    ☐ Continuing Report due July 15, 2020  
☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Thomas Lund  
Name of Candidate or Committee (in full)  
2091 Magn LN. Suamico WI 54313  
Address  
920 662-2355  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>7-9-20</u>	Email Address <u>lundfree4@netzero.net</u>
---------------------------------------------------------------------	-----------------------	-----------------------------------------------

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***



**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BARCOCK ROAD

City, State and Zip Code

ASHWAUBENON, WISCONSIN 54313

*Received*  
JUL 15 2020  
Sandra L. Juro - Brown County Clerk  
OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

- ☐ January Continuing \_\_\_\_\_ ☐ Pre-Primary \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4
- ☒ July Continuing 2020 ☐ Pre-Election \_\_\_\_\_
- ☐ September Continuing \_\_\_\_\_

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 75.00	\$ 3,680.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ 100.00
1C. Other Income and Commercial Loans	\$ .60	\$ .90
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 75.60	\$ 3,780.90

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1,643.96	\$ 2,510.16
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,643.96	\$ 2,510.16

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2,924.10
Total Receipts	\$ 75.60
Subtotal	\$ 2,999.70
Total Disbursements	\$ 1,643.96
<b>CASH BALANCE END OF REPORT</b>	\$ 1,355.74
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
PATRICK W. MOYNIHAN, JR.	<i>Patrick W. Moynihan</i>	07/15/20
	Email: patrickmoynihanjr@gmail.com	Daytime Phone: 920.492-2302

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 1 of 1

Complete Committee Name

**MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
05/07 20	JOHN S. VANDER LEST 1625 VERNON CT GREEN BAY, WI 54304		25.00	75.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 25.00 75.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 25.00 75.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 25.00 75.00

**SCHEDULE 1-B**

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
03/12 20	DAVID STEFFEN #0105539 STEFFEN FOR WISCONSIN 715 OLIVE TREE CT Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan GREEN BAY, WI 54304	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 50.00
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 50.00

**SCHEDULE 1-C**
**RECEIPTS**

Other Income and Commercial Loans

 Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
01/31 20	NICOLET NATIONAL BANK <del>INTEREST</del> 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.12
02/28 20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.11
03/31 20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.13
04/30 20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.11
05/29 20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.08
06/30 20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.05
SUBTOTAL OTHER INCOME THIS PAGE			\$ .60
TOTAL ITEMIZED OTHER INCOME			\$ .60
TOTAL OTHER INCOME			\$ .60



**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Page 1 of 2

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
03/13 20	KUEHN PRINTING LLC 401 N. QUINCY ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	BUSINESS/CAMPAIGN CARDS	116. <sup>00</sup>
03/13 20	KUEHN PRINTING LLC 401 N. QUINCY ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	NOMINATION PAPERS COPIES	47.48
04/13 20	DIGICOPY 211 E. WALNUT ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	COPIES	20.58
04/15 20	UNITED STATES POSTAL SERVICE 790 HANSON RD GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	33. <sup>00</sup>
04/17 20	UNITED STATES POSTAL SERVICE 790 HANSON RD GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	44. <sup>00</sup>
05/11 20	KUEHN PRINTING LLC 401 N. QUINCY ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	LETTERHEAD/ENVELOPES POSTAGE	1,136.18
06/02 20	REPUBLICAN PARTY of Brown County 1915 S. WEBSTER AVE ALLOUEZ, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN BUTTONS	75. <sup>00</sup>
06/10 20	UNITED STATES POSTAL SERVICE 790 HANSON RD GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	44. <sup>00</sup>

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1,516.24

TOTAL ITEMIZED EXPENDITURES

\$ 1,516.24

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 1,516.24

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 2 of 2

Complete Committee Name

**MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
06/22 20	DIGICOPY 211 E. WALNUT ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	COPIES	61.72
06/30 20	UNITED STATES POSTAL SERVICE 790 HANSON ROAD GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	66. <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 127.72

TOTAL ITEMIZED EXPENDITURES

\$ 127.72

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 127.72

6/9

**SCHEDULE 2-B**
**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Page 1 of 1

Complete Committee Name

**MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <b>NIA</b>		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	



**SCHEDULE 3-A**
**Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

 Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$

TOTAL ITEMIZED OBLIGATIONS

\$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

TOTAL INCURRED OBLIGATIONS

\$

8/9

**SCHEDULE 3-B****Loans**  
**Individual, Committee or Commercial**  
**ADDITIONAL DISCLOSURE**Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

JTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$

**\*\*\*End of Report\*\*\***

2/9



Received  
JUL 15 2020  
Sandra L. Jumo - Brown County Clerk

**Campaign Finance Report**  
Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 15, \_\_\_\_\_

☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 15, 2020

☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

William Joseph Peters Jr.  
Name of Candidate or Committee (in full)

233 N. Ashland Ave Green Bay, WI 54303  
Address

920-461-2847  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

[Signature] 6/28/2020 williamjosephjr@icloud.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***





<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special    Pre-Primary \_\_\_\_\_    ☐ Continuing Report due Jan. 15, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special    Pre-Election \_\_\_\_\_    ☒ Continuing Report due July 15, 2020  
☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Citizens For Seber  
Name of Candidate or Committee (in full)  
4180 Masked Lane Green Bay WI 54301  
Address  
920.680.6366  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date <u>7-15-2020</u>	Email Address <u>CitizensForSeber@gmail.com</u>
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***

<b>Campaign Finance Report</b> Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special <input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Primary _____ Pre-Election _____	<input type="radio"/> Continuing Report due Jan. 15, _____ <input type="radio"/> Continuing Report due July 15, <u>2020</u> <input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____
<u>Streckembach for County Executive</u> Name of Candidate or Committee (in full)		
<u>205 Minneman Dr.</u> Address		
<u>920 448 4001</u> Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
<u>[Signature]</u> Signature of Committee Treasurer or Candidate	<u>7/15/2020</u> Date	Email Address
ETHCF-2a   Rev 01/2016   Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984   Phone: 608-261-2028   Fax: 608-264-9319   Web: <a href="https://cfis.wi.gov">https://cfis.wi.gov</a>   Email: <a href="mailto:GABCFIS@wi.gov">GABCFIS@wi.gov</a>		

Received  
 JUL 15 2020  
 Sandra L. Jiro-Brown County Clerk

Short Form for use  
 "No Activity" Reporting

\*\*\*End of Report\*\*\*

Received  
JUL 15 2020  
Sandra L. Lutz - Brown County Clerk

<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 15, \_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 15, 2020  
☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_

Friends of VanderLeest

Name of Candidate or Committee (in full)

1616 9th Street Green Bay, WI 54304

Address

920-448-4179

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>John A. VanderLeest</u>	Date <u>7-15-2020</u>	Email Address <u>vanderleey@hotmail.com</u>
-----------------------------------------------------------------------------	--------------------------	------------------------------------------------

ETHCF-2a | Rev 6/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*